PTO/SB/06 (08-03)
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	PAT	ENT APPLI		FEE DETE	N	RECORD	607	Application or Docket Number			
	-	CLAIMS AS	FILED -	– PART I (Co		SMALL	ENTITY	OR		R THAN ENTITY	
FOR NUMBER FILED NUMBER EXTRA							RATE	FEE	1	RATE	FEE
	SIC FEE CFR 1.16(a))							s	OR		s
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =					xs =		OR	x \$ =			
	EPENDENT CLAIR CFR 1.16(b))	MS	minus 3				x \$ =		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+s =		OR	+5 =	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											· .
		(Column 1)		(Column 2)			ENTITY	OR	OTHER THAN		
一	F	CLAIMS		HIGHEST	(Column 3)	ı	SMALL	ENITTY	1	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.16(c))	6	Minus	- 20	- Ø		x \$=		OR	x <b>s</b> =	
MEN	Independent (37 CFR 1.16(b))		Minus	··· 9	= B		x \$=		OR	x \$=	
A	FIRST PRESENT	TATION OF MULTIPL	E DEPENDE	ENT CLAIM (37 CF	R 1.16(d))		+ s=		OR	+\$_=	
	•					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)							
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.16(c))	. 6	Minus	" 20	<i>*</i> Ø		x \$=		OR	x \$=	
AMEND	Independent (37 CFR 1.16(b))	. /	Minus	9	D		x \$=		OR	x \$=	
AM	FIRST PRESENT	ATION OF MULTIPL	E DEPENDE	ENT CLAIM (37 CF		+ \$=		OR	+ \$=		
				•			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)	T T	(Column 2)		<del></del>		ì		. :	
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIGNAL FEE
) ME	Total (37 CFR 1.16(c))	•	Minus	••	2		x \$=		OR	x \$=	
AMENDMEN	Independent (37 CFR 1.18(b))	•	Minus		=		x \$=		OR	x \$=	
AM	FIRST PRESENT		+\$=		OR	.+ \$=					
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the his burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## BEST AVAILABLE COFT

							Application or Docket Humber								
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997  09/011797															
CLAIMS AS FILED - PART (Column 2)										SMALL ENTITY			OTHE		
FOR			NUMBE	NUMBER FILED			NUMBER EXTRA				FEE		RATE	/肤)	
BASIC FEE									5	<b>*</b>	395.00	OR		1300	
FOTAL CLAIMS				minu	20-	•			x\$11=			OR	x\$22-	85	1
INDEPENDENT CLAIMS			$oldsymbol{\perp}$		. 3 .	·			x41=		OR	x82=	00		
MA	TPLE DEPENO	ENT CL	AM PRE	SENT					+135	•		OR	+270=	- (	1
* # 2	* If the difference in column 1 to less than zero, enter "0" to column 2											OR	TOTAL	The	
A		CLAR	NS AS	AMENDED	- PAI	RT B				•			OTHE	N/S	6
B		(Coh	unn 1)		to	olumn 2)	(Column 3)	1	SMA	u	ENTITY	ОЯ		EXTITY.	
ENT A		CLAIMS REMAINING AFTER AMENDMEN			HIGHEST NUMBER PREVIOUSLY PAID FOR	UMBER VIOUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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٩	FIRST PRES	SENTA	TION OF	MULTIPLE	DEPE	NDENT CL	AM Alai-	, ا	135			OR	+270=		<b>T</b>
(Column 1) (Column 2) (Column 5)									UOT.	7		OR	·· TOTAL		<b>l</b>
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N C		AF	AINING TEA DMENT		PRE	UMBER VIOUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TICHAL FEE	
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HEN	Independent	•		Minus	***	9	-18		x41=			OR	x82=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									•		OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "I" in tolumn 3. "If the "righest Numbel Previously Pale For" IN THIS SPACE is less than 20, enter "20." "If the riighest humber Previously Pale For IN THIS SPACE is less than 3, enter "3."												ОЯ	TOTAL ADDIT, FEE		
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